

## REQUEST FOR SERVICES

RWA #: \_\_\_\_\_

AGENCY TRACKING NUMBER: \_\_\_\_\_

WORK LOCATION/BUILDING: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Description:

DRAWINGS ENCLOSED? \_\_\_\_\_ YES \_\_\_\_\_ NO

//SIGNED AND DATED//

SIGNATURE AND TITLE OF AUTHORIZED AGENCY REP \_\_\_\_\_ DATE \_\_\_\_\_

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*To be filled out by GSA*

Estimated Cost: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Contract Cost: \_\_\_\_\_

Group Force Hours \_\_\_\_\_ x Labor Rate \_\_\_\_\_ = \_\_\_\_\_

P/E Hours \_\_\_\_\_ x Labor Rate \_\_\_\_\_ = \_\_\_\_\_

GSA Miscellaneous (Project Materials, Supplies, etc.) Cost: \_\_\_\_\_

GSA Overhead Cost: \_\_\_\_\_

Actual Total RWA Cost: \_\_\_\_\_ Actual Completion Date: \_\_\_\_\_

SIGNATURE OF GSA APPROVING OFFICIAL \_\_\_\_\_ DATE \_\_\_\_\_